

Local Access to Universal Health Care in Lewis & Clark County

A Report from the City-County Board of Health Task Force

April 2011

Phase II Report: Recommendations and Action Plan

I. Executive Summary

The Task Force on Local Access to Universal Health Care (Task Force) has completed its two-year review of health care needs and access barriers in Lewis & Clark County, fulfilling a resolution passed by the Lewis & Clark City-County Board of Health in December 2008. The resolution recognized health and health care as basic human rights and directed the Task Force to assess the community's health needs and recommend actions to improve access to health care. With this report the Task Force submits four principal recommendations for action to the Board of Health (Board) and to the people of Lewis & Clark County.

Summary of recommendations:

- 1. Ensure that St. Peter's Hospital meets the community's health care needs:**
 - a) Initiate a dialogue with the hospital's board of directors to improve community oversight and input.
 - b) Raise awareness of St. Peter's legal obligation to the community, derived from its tax-exempt status.
 - c) Facilitate a forum with local health care providers to discuss issues around provider retention in the county.
- 2. Seek additional funding for expanded health services at the Cooperative Health Center, including, primary care, dental, and mental health services.**
- 3. Implement incremental steps to expand access to health care and increase affordability.**
 - a) Advocate for streamlining health care administration and records management to reduce the administrative burden of health care.
 - b) Explore options for making primary care and specialized care more accessible
 - c) Improve emergency and non-emergency transportation to ensure everyone can access care where and when they need to.
- 4. Investigate other publicly financed health care programs created by counties across the country and evaluate their applicability to Lewis & Clark County**

II. Introduction

With this report the Task Force submits its recommendations for action to the Lewis & Clark City-County Board of Health (Board) and to the people of Lewis & Clark County. The Task Force carried out its charge based on a resolution adopted by the Board in December 2008. This resolution recognized health and health care as basic human rights. It created the Task Force

and charged it with assessing the community's health needs and recommending actions to improve access to health care. The Task Force, comprised of volunteers – including county residents, health care providers and other health sector representatives – has now completed this two-year, multi-phase project.

The Task Force submitted its Phase I report, with findings of the community health needs assessment, to the Board in October 2010. These findings confirmed that the lack of access to appropriate health care is a serious problem in Lewis & Clark County. Community members and health providers alike highlighted the shortage of primary care professionals, which appears to be worsening. This shortage deprives communities of essential care and puts significant stress on existing providers. The cost of insurance and services was identified as another barrier to universal and equitable health care access. Both uninsured and insured residents expressed concerns not only about the cost of insurance, but also the financial burden of deductibles and co-pays, and many suggested that access to care should not depend upon payment.

Grounded in the Board resolution and the responses received from residents, the Task Force placed people's health needs at the heart of its deliberations, simultaneously tackling administrative and commercial barriers to patient care. The Task Force recommendations respond to the identified health needs and aim to ensure access to high quality health care for all county residents.

As required by the Board resolution, Phase II of the Task Force work included developing an action plan that identifies and prioritizes actions the Board and Lewis & Clark City-County Health Department should consider in order to improve access to health care.

III. Methodology

In Phase I, the Task Force used primary and secondary data to assess the community's health needs, barriers to accessing care, and residents' views of the health care system in Lewis & Clark County. The Task Force gathered input from community members, community organizations, and health professionals to compile a detailed picture of health care access in Lewis & Clark County. All of this information is sourced and included in the Phase I report. Phase II involved extensive reviews of community interviews, seeking advice from a variety of resources and a day long meeting to review results, lessons learned, opinions, and options as well as a clear effort to rank order issues that have arisen during this effort.

IV. Recommendations: Local Solutions for Securing Universal Access to Health Care

1. Ensure that St. Peter's Hospital meets the community's health care needs

One of the most frequent issues raised in the Phase I research with residents was the role of St. Peter's Hospital in serving the community's health needs. As the County's only community hospital, based in Helena, St. Peter's occupies a central place in the local health care system. It has to serve the entire community, including residents in remote areas as well as poor and low-income people. Yet many residents feel that the hospital has fallen short of meeting the community's needs. They urged the Task Force to address a range of problems at the hospital, including administrative, financial, and access issues, as well as some quality concerns. Primary

care physicians participating in the research also raised concerns about the hospital, particularly about interactions with hospital management.

Given St. Peter's crucial role in the community, **the Task Force recommends that the Board begin a dialogue with the hospital.** A number of issues should be addressed, including but not limited to: 1) securing adequate hospital services to low-income patients; 2) improving collaboration with primary care physicians; 3) increased transparency in board and hospital actions/planning, and 4) establishment of operative community input and voice in hospital planning and operations.

As St. Peter's is a non-profit, tax-exempt hospital, the Task Force notes the specific obligations this status confers on St. Peter's. Regulations and standards for tax-exempt hospitals have been tightened over the past few years to ensure that these hospitals comply with charity care and community benefit standards. The Montana Attorney General publishes an annual report, Montana's Hospitals, that assesses the charitable purposes of the state's largest nonprofit hospitals and foundations. All of these hospitals are considered public benefit hospitals that exist only to serve their communities, not to make a profit. Charity care — free or discounted services to those living below or near the federally established poverty level — is the most significant community benefit nonprofit hospitals provide (Appendix C1). **The Task Force recommends raising awareness about St. Peter's Hospital legal obligation to the community, derived from its tax-exempt status.**

Additionally, the Task Force recommends a forum or discussion with area health care providers to discuss issues around recruiting and retaining primary care providers in the county.

2. Seek additional funding for expanded services at the Cooperative Health Center

The prevalence of cost-related access barriers, which emerged from the Phase I research, points to the Cooperative Health Center as a partial solution, at least for primary care. As a federally qualified health center (FQHC), the Cooperative Health Center, based in Helena with a satellite clinic in Lincoln, provides primary care services on a sliding fee scale. Patients do not have to be insured, and no one is turned away because of inability to pay.

An expansion of primary care services through the health center could also address the growing primary care physician shortage, which the Task Force explored in its Phase 1 research. Many residents reported difficulties finding and keeping a family physician, and many providers felt the strain created by these dwindling numbers. Any expansion of access to care will have to start at the primary care level, which has the greatest potential for keeping the community healthy and preventing the need for more costly medical interventions.

Task Force meetings with community members revealed that many residents were not aware of the Cooperative Health Center services. Among those who had used its services, it is largely well regarded. Concerns were raised, however, that the health center was already operating at the limits of its capacity, and that outreach to potential new patients would have to be combined with an expansion of services and clinic hours. The health center's capacity to provide dental care would also have to be significantly expanded to meet the community's demand for affordable dental care of equal range and quality as offered by private dentists. Dentists participating in the research also suggested an expansion of dental care at the health center.

Additionally, the research with residents demonstrated a need for more mental health providers, with an emphasis on patient-oriented services, including services for children. The Task Force sees a potential for expanding such services at the Cooperative Health Center. The Task Force also recognizes a need for additional public health services, particularly health screening programs (e.g. for diabetes).

An expansion of the Cooperative Health Center should also have a geographical component. Residents in the more remote areas are underserved, as Task Force research has shown, and many research participants pointed to access difficulties resulting from the centralization of health services in Helena. Similarly, residents also suggested expanding providers' office hours to enable more flexible access to care outside work time. An expanded Cooperative Health Center would be in a good position to respond to this suggestion.

3. Implement supplemental measures for expanding access and increasing affordability.

The Task Force recommends that the Board and health care providers continue taking incremental steps to expand access and increase affordability. Residents and providers who participated in the research made a range of suggestions (see Phase I report, especially Appendix 3A). Among these, the Task Force recommends the following two examples:

First, the Board should seek to **improve emergency and non-emergency transportation.** Residents voiced concerns about the barriers encountered by rural, older, and poorer people in physically getting to health facilities. The Board should consider adding mobile services or telemedicine in rural locations, and continue advocating for improved public transit in Helena to enable patients without cars to better access care. County residents also discussed different emergency transportation options; with rural residents praising their local volunteer ambulances but others expressing concerns about the cost of St. Peter's Hospital's ambulance service. In the first instance, the Board should investigate whether cost issues in Helena could be addressed **by** avoiding ambulance service duplication, which arises when both the City Fire Department and the Hospital respond to emergency calls.

Second, the Board and City-County commissioners should advocate for streamlining health administration and records management across the sector. Solutions could include payment reforms leading to uniform costs of services and a uniform billing format, and electronic charting and patient records management systems. Although numerous efforts to solve problems in this area were discussed during our deliberations, defining and/or choosing a clear alternative was beyond the scope of our charge.

4. Investigate alternative health care models, including funding options.

Residents and health care providers alike pointed to the high cost of private health insurance (premiums and out-of-pocket costs) as a significant access barrier to health care services. To improve access to health care on an equal basis, the Task Force recommends exploring options to control insurance costs. While a number of options were discussed during our deliberations defining and/or choosing a clear alternative was, once again, beyond the scope of our ability as a volunteer task force with limited expertise.

IV. Action Plan for Implementation of Recommendations

All recommendations in this report require the active involvement of the Board of Health to ensure their implementation. It should be noted, given current budget restraints, that the Board and the Department might well partner with a community group that wishes to move some of these recommendations forward rather than taking on the added responsibility of launching new initiatives for which there is no budget. Given its commitment to improving access to health care for all residents of Lewis & Clark County and its knowledge of this issue, the Board would provide valuable and necessary oversight to such a community effort. Recommendations involving new funding sources and alternative health care models fall into this category. As the Task Force's role is officially coming to an end, Task Force members urge the Board to assume responsibility for the health care reform process initiated by its 2008 resolution.